

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015163

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1924

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
R. W. Butcher

FILED APR 20 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

19 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Trinity Lutheran Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY

KANSAS CITY

d. STREET

ADDRESS 9300 Mc Gee St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ORLANDO

Middle

R.

Last

Cull, Sr.

4. DATE  
OF  
DEATH

Month

4

Day

5

Year

1962

5. SEX

MALE

6. COLOR OR RACE

CAUC

7. Married ☒ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-19-1875

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

General Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (City and state or country)

Warrensburg, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Baker Cull

13b. MOTHER'S MAIDEN NAME

Permelia King

14. NAME OF HUSBAND OR WIFE

Flandie M. Cull

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No None

17. INFORMANT

Mrs Flandie Cull 9300 Mc Gee

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Wremia

DUE TO (b)

carcinoma bladder

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1954 to 4-5-62 and last saw him alive on 4-5-62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. W. Butcher MD

22b. ADDRESS

7924 Paseo

22c. DATE SIGNED

4-6-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4-7-62

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

(State)

24. FUNERAL DIRECTOR

Muehlebach

ADDRESS

6800 Troost

25. DATE RECD. BY LOCAL REG.

4-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. R. W. Butcher

7924 Pasco.

DE 3-0600

1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*B. D. Nelson*

Licensed Embalmer No. 4421

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.